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DR DUNCAN ON THE LAW OF MORTALITY IN PHTHISIS.

[Concluded from page 473.]

I COME now to what is more immediately the subject of the present paper, and that is the elucidation of the law of mortality in tubercular consumption, as established by these records. In doing so I shall faithfully detail *all* the evidence they present; but it is necessary to remark that the tables are not drawn up in the same way every year, so that it is impossible to continue the statistical details in the same formulary through all the reports to the present time. This arises from the circumstance that the compilation of these supplementary documents is optional on the part of the Registrar-General, and not obligatory; and that he naturally infers, I presume, that when a certain point has been sufficiently established by a series of observations, it would be an unjustifiable expenditure of the public funds to continue the investigation further. I mention the fact to prevent the idea being entertained that I had selected a part of the materials favorable to my own views, and omitted another portion which was opposed to them. And first, as to the relative frequency of the disease in the two sexes—it has long been a disputed question among medical writers whether men or women were more liable to consumption; some physicians maintaining one side of this question, and some the other; and a few denying that any difference in this respect existed between them.

Thus we find Dr. Briquet stating that in his wards in the Hôpital Cochin in Paris he had one tenth more male patients than female, out of a total of 109.

Prof. Reid, of St. Andrew's, states, that when he was superintendent of the Royal Infirmary of Edinburgh, from 1st July, 1839, to 1st Oct., 1841, there were 155 male, and only 63 female patients admitted laboring under the disease.

In the Statistical and Pathological Report of the same institution for the years 1833, 1834, 1835, 1836, and one half of 1837, drawn up by the late Dr. John Home, it is stated that the admissions were 185 males and 112 females during that period, the accommodation provided for the two sexes being equal.

Louis, on the contrary, tells us, that he had 70 cases of consumption in women and only 57 in men under his care, in wards containing 48 beds

equally divided between the sexes ; and that this fact, which leads to the idea that females are more liable to the disease than males, is confirmed by another, which exactly harmonizes with it, viz., that of 40 other individuals carried off by various chronic diseases, and found in a tuberculous condition, 25 were females and only 15 males. A still stronger statement in support of his opinion is quoted in the same work, on the authority of M. Benoiston de Chateauneuf, viz., that out of 43,010 patients admitted into three of the Parisian hospitals between 1821 and 1836, 1554 died of phthisis, viz., 754 men out of 26,055, and 809 women out of 16,955 ; which shows an immense excess on the part of females, when compared with the gross numbers admitted.

The third opinion is maintained by Sir James Clark in his work upon consumption and scrofula. After giving, in a tabular form, a number of statistical returns from various sources, which contradict each other in a remarkable manner, he concludes by stating his belief that, if the subject were sifted accurately, no real difference between the sexes would be detected. In drawing this conclusion, however, he has evidently fallen into the mistake of supposing that the male population living at any time exceeds the female. His words are these :—"The constant equal relation of the first seven numbers is certainly most remarkable, and appears to warrant the conclusion that for every 8 or 9 females, 10 males die phthisical, *which is very nearly the relative numbers of the sexes* ; it therefore goes far to prove that the sexes are equally liable to consumption." Any one who will take the trouble of looking at any of the census returns will easily satisfy himself that this is a mistake, and that there is always, in every settled country, a distinct excess of females over males. It is not improbable that he may have been inadvertently led into this mistake from a knowledge of the fact to which I have already alluded, that there is always an excess of male infants in the number actually born, and that he may have supposed that the same proportion which holds good at birth continued afterwards. But this is not the case. An increased mortality reverses the relative numbers living. M'Culloch, in his Statistics of the British Empire, attributes the preponderance of female life to the greater risks and casualties that men encounter in the naval or military service, in their peculiar employments, in their greater disposition to emigrate, &c. ; but I have elsewhere shown that this is not the true explanation of the difference, inasmuch as it is produced by causes operating in infancy, and before these casualties can possibly take effect.

The following are the returns of the deaths from phthisis, in the several reports of the Registrar-General for England :—

	Males.	Females.
1837, First Report* - - -	12,968	14,786
1838, Second do., - - -	27,935	31,090
1839, Third do., - - -	28,106	31,453
1840, Fourth do., - - -	24,519	28,168
1841, Fifth do.,† - - -	24,329	27,937
1842, Sixth do.,† - - -	24,048	28,098

* For half year only.

† The deaths in the metropolitan districts are excluded from these returns, for what reason I know not.

These numbers clearly prove that in England, at least, a greater number of females die of consumption annually than males ; but to form a perfect comparison of the two sexes it is necessary to calculate the proportion in reference to the number of each actually living. I shall confine myself to one of the years only, and shall select 1838, because the population for the middle of that year is furnished by the Registrar-General himself, who computes it to have been 7,668,245 males, and 7,885,615 females. This would make the proportionate mortality in that year to have amounted to 36 men and 39 women in every 10,000.

According to the Irish census for 1841, there died of consumption in ten years, 63,635 males and 71,955 females.

I have already alluded to the circumstance that the registration of deaths in Ireland given in this census is defective, particularly for the earlier years of the period included, owing to the mode in which the returns were collected, so that the absolute mortality appears greatly below that of the sister kingdom, while the relative proportion of the sexes is as nearly as possible the same ; the ratio, calculated in a similar manner, being 15.8 males to 17.3 females, in every 10,000 of the population. This result is interesting, not only as corroborating the conclusion already arrived at from the English records, but as giving countenance to the idea that any improvement in practical medicine, which may have the effect of diminishing the mortality of consumption, either in the way of prophylaxis or of cure, may still operate in such a way as not to alter materially the relative liability to the complaint.

Assuming, then, the general position, that, when a whole country is made the subject of examination (for when the field is limited we shall see presently the rule does not hold), the female sex is more prone to be attacked, it becomes an interesting question to consider the circumstances that produce such a result.

So far as I am aware, only three explanations have been proposed to account for the difference. The first is that of Mr. Farr, the talented author of the tables elucidating the reports of the Registrar-General, and he attributes it to the unnatural practice of tight lacing, which prevails so commonly among females. It is scarcely necessary to say, that I fully agree with Mr. Farr as to the injurious effects produced by the practice he alludes to, and in the opinion that "girls have no more need of artificial bones and bandages than boys ;" but still I think it will appear, upon reflection, that this cause, how injurious soever it may be in other respects, can have very little effect, if any, in producing phthisis, from the fact that the disproportion between the sexes is not greater. Men never wear stays, women invariably do :—if the habit had any tendency to produce consumption, the disease should be almost unknown in the one sex, and almost universal in the other. The next explanation proposed is that which refers it to the habit of exposing the upper part of the chest, which prevails among women, but not among men. The fact that the development of tubercle first occurs in this part of the chest appears at first sight to lend some countenance to this hypothesis ; but, not to mention other objections that might be raised to this view, it is sufficient to state that the argument which has been urged against

the former explanation with such success, tells with equal force against this.

The third explanation refers the difference to the domestic life of females, as contrasted with the out-door employments that prevail among men. Confined to the house, either voluntarily or by necessity, the air they breathe is less pure, the play of all the organs less vigorous, the vital changes take place with less intensity, and the exhilarating influences of solar light and heat are less felt by them than by the other sex, whose occupations place them in circumstances the opposite of those just mentioned. That their condition in this respect exercises an injurious influence over them, can scarcely, I think, be questioned. That it may also tend to induce the disease under consideration, is extremely probable; but it must not for a moment be lost sight of, that the constitution of the female has been admirably contrived for the duties she has to fulfil; and that consequently a domestic life, with its attendant confinement, is calculated to be less injurious to her than to man himself, whose physical development is greater, and whose habits are more active. For these reasons I am not disposed to place much reliance upon this explanation, although I admit that it is entitled to some consideration.

Before proceeding to state what is my own opinion of the cause of this difference, I think it right to call attention to a point that I believe has not been noticed by any previous writer upon this subject, but which is plainly brought out by the tables under consideration; and that is, that while females are more liable to the disease when the entire population of a country is taken into account, males, on the contrary, are more liable when the population of a city only is considered: in other words, residence in a rural district has a greater tendency to develope phthisis in females than in males; residence in a town district has a greater tendency to develope phthisis in males than in females. For the purpose of contrasting the diseases that prevail in towns and country districts, the Registrar-General has compared together the returns of several districts, partaking, as much as possible, of these two characters, and presenting in the aggregate a nearly equal population. These I shall now refer to.

	Males.	Females.
Population, metropolis, 1837	830,421	960,30
Deaths from phthisis in half year ending 1837,	1369	1296
Population in five agricultural counties in 1837,	830,584	893,196
Deaths from phthisis in do., half year ending 1837,	407	451
Population in provincial cities, estimated October 1, 1837,	838,830	923,880
Deaths registered from phthisis in do., in half year, 1837,	1544	1496
Population in counties similarly estimated,	879,543	897,437
Deaths from phthisis in do.,	956	1,250
Estimated population in the metropolis in 1838,	913,077	971,767
Deaths from phthisis in do., 1838,	4,057	3,630
Estimated population of five counties in 1838,	843,244	899,881
Deaths from phthisis in do., 1838,	2,744	3,061
Estimated population of provincial cities in 1838,	898,233	943,144

	Males.	Females.
Deaths from phthisis in do., - - - -	4,319	4,339
Estimated population of counties in 1838, - -	892,688	904,095
Deaths from phthisis in do., - - - -	2,977	3,756

The same thing would be equally well shown by giving the returns for Liverpool, Leeds, Manchester and Birmingham, all of which prove that the excess of mortality is no longer on the side of females within their districts, but on the side of males. But this will be better established by the following table, extracted from the supplement to the Second Report of the English Registrar-General, p. 168, and which shows the ratio which the returns exhibit when reduced to an uniform standard of a population of 100,000.

	1838.	Males.	Females.
Leeds, - - - - -		440	477
Birmingham, - - - - -		526	410
London, - - - - -		451	377
Liverpool and West Derby, - - - -		595	571
Manchester and Salford, - - - -		549	548
England and Wales, - - - -		378	408

Now all these towns, except the first, exhibit an excess of greater or smaller amount on the side of males in the mortality from phthisis. But it must not be forgotten that this excess, striking as it is, is yet less apparent than the reality, from the impossibility of isolating completely the two classes of population. Every town embraces within its limits a considerable suburban population, while on the other hand almost every rural district comprehends some town or other, which swells its mortality, and interferes with the development of the results it would otherwise produce. This plainly proves that the relative liability of the sexes is exactly reversed, according as we select a civic or a rural population for the purpose of comparison. It also upsets the last of those theories of sexes to which I have referred, put forward to account for the difference; because a residence in town, though it *alters the proportion* in the number of men and women engaged within doors, and in the open air, does not *reverse* them, as it ought to do, were it competent to explain the difficulty. This leads me to state that I believe the true answer to the inquiry will be found in a careful consideration of the difference in the moral condition of the two sexes in the circumstances supposed. In a rural population, moral influences, in which are to be included everything connected with the intellectual development, the passions and emotions of our nature, tell with the greatest effect upon women, because of their greater sensibility, and their more frequent want of occupation. But among the inhabitants of our large towns and cities, men are even more exposed than women to the play of passion, arising from over-excitement on the one hand, and the failure of work upon the other. In the retirement of the country, life is passed in a kind of gentle tranquillity, which affords sufficient employment to occupy the mind without fatiguing it, but does not call into activity the more violent principles that prevail within us, nor strain our energies to their utmost tension. The excitement of the system is not so great as what prevails

in towns, but the collapse that succeeds is proportionally less also. The pleasures that are enjoyed by those who live there may not be so intense, but they are more pure and permanent.

In our great cities, on the contrary, everything is bustle and activity. The mind is perpetually on the stretch in the acquisition of fresh knowledge, or in the pursuit of professional advancement. It is there that science makes her brightest discoveries, and trade accumulates her richest stores. It is there that ambition finds the widest field for its exertion, and vice the most favored opportunities for its indulgence. There the love of money and the love of praise find equal scope for their development. There the scintillations of genius fly fastest from the collision of kindred minds. There, too, the flames of passion rise highest from the angry impetus of contending interests. There, art labors with the most unsparing energy to overtake the necessities of the human family, while luxury, on the other hand, with its refinements and its rivalry, is outstepping the means of gratification within its possession. There also speculation, with its gilded bait, lures many a thoughtless adventurer on to tread the seemingly secure path to speedy independence, till at last, too late, he finds that he has been walking on the pitfalls of disappointment, and is doomed to feel in all their agony the miserable consequences of his mistake.

In a word, everything connected with the social condition of a crowded city forces upon us the conviction that moral agencies of immense influence are continually operating upon its teeming thousands, and producing the natural consequences to which they lead—disease and death.

I have still to add other arguments in support of this view, that moral influences have a most important tendency to produce consumption; but as I have already occupied so much space in this number of the *Journal*, I must reserve them for another occasion.—*Dublin Quarterly Journal of Medicine*.

CASE OF MALIGNANT TUMOR,

OF EIGHT OR TEN YEARS' STANDING, CURED AFTER TWO YEARS BY A STRICT DIET OF BREAD AND MILK; WITH REMARKS.

[Read before the Boston Society for Medical Improvement, by HENRY I. BOWDITCH, M.D., one of the Physicians of the Massachusetts General Hospital.]

IN accordance with your request, I copy for your *Journal* my notes of the very interesting case of Dr. Twitchell. I obtained them from him during my late visit to the Granite State, and he kindly allows me to publish them. Every medical man, I presume, is somewhat acquainted with Dr. T. He is one of the most noted of our New England surgeons. His circuit has a diameter of fifty miles—and he has always, even while suffering from the local disease I shall endeavor to detail, been able to drive a hundred miles, if necessary, in the twenty-four hours, and in his own carriage, over the hills of his native State. The medical history of his *life* is extremely interesting. I shall therefore give that, very briefly, before entering upon the consideration of this local disease.

1st. Carcinoma has appeared in his family. His grandmother died of cancer of the mamma; his sister of a scirrhus pylorus. These are all the data of his hereditary tendencies that bear upon our main topic.

2d. In very early life, Dr. T. was in delicate health. As a youth, he was stronger and was among the foremost in all athletic sports. While at College, he became dyspeptic, had icterus, with enlarged liver, &c.; subsequently, he passed gall-stones. Whilst pursuing the studies of his profession, he began to suffer from asthma, and for about twenty years was very much subject to violent attacks of it, causing orthopnea, &c. During all this period he ate animal food very freely, three times daily, and digested it easily, whereas vegetable food caused dyspeptic difficulties. Being induced, owing to a severe acne of the face, to abandon this course, he gave up, for nine years, the use of meat. From the period at which he first abandoned meat, he has never had an attack of asthma, and Dr. T. considers these two facts related to each other as cause and effect. Moreover, vegetable food was soon easily borne. After the nine years of vegetable regimen, he began gradually to resume the use of the milder kinds of animal food, such as poultry and somewhat of the more solid meats, until two years since, when he commenced the very rigid diet, which will be described when treating of the local disease, which is the more immediate object of this paper. Finally, I will state, as indicative, perhaps, of the tendencies of the cutaneous system to morbid action, that about four years ago he had a papular eruption lasting six weeks, and, likewise, that very many years ago he had a wart-like tumor on the scalp, which disappeared under the use of creosote, externally applied. I should have stated above, that the acne disappeared after the use, for some months, of a vegetable diet.

3d. The local disease, the course and result of which, I present as the chief object of interest, commenced eight or ten years since, as a small but hard tumor at the internal angle of the right eye. When first noticed it was about as large as a mustard seed and not painful. He occasionally touched it, and had some suspicion that it might eventually prove to be of a malignant character. It was imbedded in the substance of the cutis, and from the first seemed very slowly to augment in size. At times he *thought* he felt some lancinating pains in it, which radiated to the brow. It did not, however, interfere with the functions of the lachrymal ducts, &c. About 1843 the tumor had become nearly as large as a pea, and a tendency to the formation of a scab was observed. He then was induced to try some local applications, and frequently, until 1845, used Jennings's ointment.* This would remove the scab, and displayed three small lobes from which exuded a little purulent fluid. At first the morbid growth seemed lessened by this and other milder applications, but no permanent effect was produced. At times the discharge ceased, but only to return again, and the tumor gradually lost its trilobed aspect. It was at this period quite conspicuous to every bystander.

August, 1845, Dr. Geo. Hayward, of this city, removed the major part of it with the scalpel. For a short time, the wound seemed doing well; but finally, it did not heal, and two months afterwards it was ope-

* Mackenzie on the Eye.

rated on again, and nitrate of silver was applied. Meanwhile, however, there had been experienced much local pain. It was deeper seated, less transitory, and radiated towards the brow and cheek. Sometimes it was severe enough to awaken him at night, and was worse usually after long journeys.

The applications during 1846-7 were chiefly of a very similar character—cold cream, preparations of zinc, &c., and once the iodide of lead. All active applications caused inflammation of the conjunctiva. The tumor continued to augment slightly, and in the spring of 1847, it presented to my eye a decidedly malignant appearance. It was an ulcer about the size of the top of the finger, with ragged, hard, elevated edges, and the irritation from the discharge caused the patient frequently to apply his handkerchief to the part. At night it caused a glueing of the lids and a discharge on the side of the nose. I certainly believed, and Dr. T. tells me that he thought, at the time, that the disease would gradually augment and involve the eye—and he had determined, if necessary, to have this organ extirpated. His general health, as it has been already stated, continued good; but, when not actively employed, the mind was somewhat depressed at the prospect before him. At the meeting of the American Medical Association in Philadelphia, May, 1847, he consulted several of the eminent men whom he met; and I believe, I may say, that all regarded it as a disease of a most serious nature, although some thought it might be cured by local applications, and others advised a further operation.

Dr. T. returned home discouraged, and he decided to give up all use of medicines internally or of external applications, but to try a course of the most rigid diet. Starting from a theory that malignant diseases arise from the fact that we take too much carbon in our systems, he determined to live from that time upon a bread and milk diet; and if at the end of some months he did not find any diminution in the disease, he still determined to use nothing but bread and water. Since his return from Philadelphia he has strictly adhered to the bread and milk. He has used three times daily from four to six ounces of cream or the richest milk, and same quantity of either white or brown bread. He continues that diet still.

The results, upon the *local disease*, have been as follows:—The pains in the part were lessened almost immediately. The purulent discharge very soon began to diminish, and in two or three months it was evident that the disease was not augmenting. During the following winter the improvement was more decided. In the spring of 1848, being obliged to ride over dusty roads to great distances, the eye was more irritated. Nevertheless, he felt, and his friends assured him, that the diseased part was really lessening and tending towards a cure. Since that period a steady improvement has taken place. The ulcerated mass, which was so perceptible to me two years since, has wholly gone, and now (August, 1849) I can discover no difference between the angles of the two eyes, save that in the right one there is a minute white spot, about a line in diameter, looking like a cicatrix. It is not harder than the adjacent parts, and had I not known of the exist-

ence of previous disease, I should not have noticed even this. There is no discharge, no pains, and a perfect cure seems to have been accomplished of a disease that had been existing for about ten years, in a patient aged 68 years.

The effects of this rigid diet upon the constitution, as a whole, are interesting.

In his mental estate, Dr. T. thinks he has been much less irritable than when he was *omnivorous*.

He had, at one time, an attack of vertigo (to which, however, he has been always liable), and finding that he was *growing corpulent* under the diet, he, for a time, took less of it.

He has always been as strong, as when indulging in a more generous diet.

He has been able to breathe better, having had less tendency to dyspnoea.

His digestion has been good, but with a slight tendency to costiveness.

His organs of circulation have been unaffected.

Renal excretion, for years a little disturbed, as is not unfrequently the case in persons of his age.

Finally, Dr. T. presents, to my mind, the picture of a hale, robust man, in perfect health, so far as one can perceive, and but slightly touched by the influence of his many years of honorable and successful labor.

Reflections upon Dr. T.'s Case.—The most important topic involved in the foregoing record, is the restoration to health from what seemed to be malignant disease, and that this result followed the strict diet of bread and milk for two years.

2d. The cessation of asthmatic difficulties, after they had troubled the patient for twenty years, and that this cure likewise followed the change of diet—from an almost strictly animal diet to one quite the reverse, viz., strictly vegetable.

3d. Some readers may ask, if these two cures are not merely examples of the "*post-hoc*;" and they may deny that there is any complete evidence of the "*propter-hoc*." I consent to the doubt, for it has entered my own mind. Nevertheless, if they are mere coincidences, they are pregnant with important suggestions. I confess that, in my own practice, I have never met with any cases so significant of the power that diet, simply and heroically used, has to *re-organize* a man.

4th. Dr. T.'s case becomes interesting as an evidence of the power of a man to subject his body to strict rule. In this epicurean age, it is quite refreshing to find one who "eats to live, and does not live to eat." A worthy professional brother, of this city, said, when the case was related to him, "It might certainly be a question whether life were desirable under such a regimen!" I honor a hero wherever I find him, and the heroism of Dr. T., in undertaking and pursuing this course so long, merely in consequence of a theory,* excites in me the greatest delight.

* That Dr. T. was not influenced wholly by theory, the additional case, which I have presented below, will prove.—H. I. B.

In this sceptical, unbelieving era, I like to see any one having *faith*. Whether the theory was correct or not, it matters little—the fixed will of its follower arouses my enthusiasm; and this brings me to another topic of interest.

5th. The theory which governed Dr. T.—was it correct? I confess that I am unable to solve the question; I merely suggest it. Some, whom I consider as our ablest animal chemists, think that it was by the process of starvation, as described by Liebig,* that the cure was wrought. It seems to me that this cannot be the true explanation—for Dr. T. has always been stout, and it will be remembered that at one time he actually gained flesh under the diet.—*Charleston Medical Journal*.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—When I sent the account of Dr. Twitchell's disease and cure to the Editor of the Charleston (S. C.) Medical Journal, I did not allude to a case, the records of which Dr. Thayer has recently procured for me from our esteemed professional friend Dr. T. It will be seen that it is similar in some respects to his own. In fact, I have reason to believe, it influenced his course of treatment of his own case, as much perhaps as the theory to which I alluded in my original paper.

Yours, truly,

H. I. B.

"I have obtained from Dr. Twitchell," says Dr. Thayer, "all the particulars of the case of dietetic treatment of osteo-sarcoma, which he could give me; and as his memory is so accurate, I suppose he has not forgotten anything of importance connected with it. You know the doctor never takes notes.

"A man about 40 years of age consulted Dr. T. in relation to a tumor on his scapula, as large as a pint bowl. It was evidently osteo-sarcoma, had its usual crackling feel, and resembled very closely one in the same position which Dr. Twitchell had seen a short time previously, and for which he had removed the whole upper extremity, even scapula and clavicle. In that case, the wound healed, but the man died a year or two afterwards, with carcinoma of some internal organ. When the second case applied for advice, Dr. T. declined an operation, and the man returned home to Vermont. Soon afterwards, he heard of somebody in New York who could cure him, and applying to this person for advice, received the following.

"He was to take from the brook which ran through his native farm a plant which grew there (the adviser did not know what it would be), and use a weak infusion of it for his only drink every day until the tumor had disappeared. *His diet, besides this, was to consist of bread alone.* This advice was strictly followed—the plant he used was 'water dock.' Dr. Twitchell happened to see the man two years afterwards, when he was still following this course. He found the tumor had nearly disappeared, there being apparently only a trifling thickening of the skin."

* Animal Chemistry, Cambridge edition, page 25. 1842.

IMPORTANCE OF CAREFUL DIAGNOSIS IN DISEASE

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The object of the present communication, together with some others which I design sending you for publication, provided this is favorably received, is to show the importance of correct diagnosis in cases of disease—believing physicians oftener get wrong by mistaking one disease for another, than in their treatment after cases are clearly made out.

Some months since, Dr. J. Hartwell, of this village, requested me to assist him in making a *post-mortem* examination of the body of a man who had died in a neighboring town. The following statement contains all that could be learned in relation to the history of the case.

About four years ago, while residing in Boston, he was taken suddenly ill in the night. A physician was sent for, who pronounced the attack acute pleurisy. He was bled, and the next morning carried to the hospital. How long he remained under treatment there, I did not learn, nor whether he was discharged perfectly cured. I believe, however, he was never well afterwards, but had more or less pain in the left side, with difficult breathing, and occasional soreness, especially after riding. About fourteen months before his death, he became so much worse as to be confined to the house. A physician was called in, who pronounced his disease consumption, and said that he could not live long, and that it was of no use to try to do much for him. A month or two after, another was sent for, whose diagnosis and prognosis were the same. He came to the conclusion that the left lung *was entirely destroyed by ulceration*. A third, who saw him some time the following winter, concurred with the others in calling the case consumption. A fourth, who saw him a few times shortly before his death, gave it as his opinion that the patient had *cancer* of the stomach, and *apoplexy of the left lung*. I learned, of the woman who took care of him during the whole of his sickness, that after he was confined to his bed, which had been for a number of months previous to his death, his position was on his back, inclining to the left side. There was great difficulty of breathing, with cough, and some of the time profuse expectoration. She also stated that she had seen tumors between the ribs, at different times, “nearly as large as hens’ eggs.”

Present at the examination, Drs. Hartwell, Safford, and the writer of this article. The body exhibited the most extreme emaciation; and ulceration of the left hip and shoulder, from long-continued pressure in lying on them, had taken place. An examination of the chest discovered *empyema*, the fluid filling the whole left cavity. It was of a sero-purulent character, and greenish color. The amount was four or five quarts. The left lung was *found*, compressed against the spine and mediastinum. It was in a state of hepatization, or perhaps, more properly speaking, carnification. The heart was pushed to the right of its normal position. The right lung was healthy; so also were the *stomach* and the rest of the abdominal viscera.

The importance of a correct diagnosis in this case, at the earliest pe-

riod at which a physician was called, is manifest. Had the diagnosis been *empyema*, which the symptoms and physical signs must have indicated, caused by chronic pleurisy, instead of consumption, the prognosis would have been more favorable in the case, and the patient would not have been given over. If the time had then gone by, for resorting to the appropriate treatment for chronic pleurisy in its earlier periods, the operation of puncturing between the ribs and letting out the fluid, in connection with the use of tonic remedies, &c., might have been resorted to with considerable prospect of success, and should not have been neglected.

Winthrop, Me., Jan. 10, 1850.

A. F. STANLEY.

CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although you have said, in your valuable Journal, that some of your readers might be tired of hearing about the cholera, yet the communications that have lately been introduced there, have put me in mind of some facts which came under my observation, and which I have not seen related, but which it may be of service to have recorded.

I had the opportunity of examining a number of those who died of that disease, and will give you the result of five or six of these examinations. Two subjects had old adhesions; one, of the lungs, and the other extensive adhesions of the peritoneum and of the lungs. One had tubercles in the axillary glands; one had syphilis; one a scirrhus stomach; and another had inflamed pleura and peritoneum, also the liver appeared much inflamed, as if the subject had been a hard drinker. Not one of all the number examined was free from disease, independent of the cholera. The question is, how far did the above diseases contribute to bring about the death of the individuals, when attacked; and also, considering the localities in which the disease mostly prevailed, whether cleanliness of person and of abode, and purity and sobriety of life, may not be the necessary requisites to preserve a community from its fearful attacks. It seemed to me as if it was so; and that all cities should at least once a year have a general cleaning up. Also that greater purity and sobriety of life should be enjoined on individuals.

Boston, January, 1850.

G. W. F. M.

TRIAL FOR MAL-PRACTICE.

[THE following notice of the second trial for mal-practice, in the case of Drs. Poole and Carpenter, of Vermont, it will be seen is from the same correspondent who reported the first one in the Journal. The writer freely expresses his opinion respecting the unfavorable influence of the testimony, in that trial, of a witness who is well known as a surgeon of much experience and skill. We do not believe any considerations of a mere personal character were concerned in giving this testimony. If it operated on the minds of the jury, and was the cause of their verdict

against the defendants, who are highly respectable members of the profession, we think it must have been a cause of regret to Dr. Crosby, as it certainly is to all who are familiar with the injustice which is so often done to medical men in these trials for alleged mal-practice.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The cause of Johnson *vs.* Poole and Carpenter, reported in your Journal of 17th Oct. last, came on for trial again in the Orange County (Vt.) Court, last month. The action, as you will see by reference to the former notice, was for want of skill and attention in curing a broken leg; and went against the defendants on the first trial, principally on the medical testimony of Dr. Crosby, of Hanover, N. H., who testified that he always uses extension in treating fractures of the leg—oblique fractures, I mean. He also testified, that if, on examination, he were in doubt as to whether the fibula were broken or not, he should in the first place put on permanent extension *for safety*; and further, that he deemed it of vital importance to see the patient every day for the first week or so.

Dr. C. was a witness at the late trial, and made the same statements as to his practice in using permanent extension, and was backed in his plan of treatment by Dr. Morgan, of Haverhill, N. H.; and one or two besides. Drs. Adams and Rubler, of Montpelier, were likewise witnesses for the plaintiff, but their testimony only went to show the character of the fracture. They had no fault to find with the method of treatment, or system of dressing, adopted by the defendants, in this case.

On the part of the defendants, it was shown by the testimony of Dr. Twitchell, of Keene, N. H., Drs. Burnham, Spaulding, Thayer, Chandler, Carpenter, Woodward, Bradford, and perhaps some others, that the method of treatment pursued by the defendants, in the case in question, is by no means an unusual one. There was much testimony tending to show the bad state of plaintiff's system, and rash use of his limb after the dressings were removed. The fracture, as elegantly and scientifically illustrated by Dr. Adams, was but slightly oblique—the shortening only about one-fourth of an inch; leaving the only thing in the world to be complained of, a slight projection, or out-shooting of one end of the fragment. Dr. Adams was of the opinion that this displacement could not have been occasioned by the action of the muscles. *Ergo*—The fracture could never have been properly reduced. But the defendants claimed that the deformity had been occasioned by violence, and produced much testimony to sustain this conclusion. They showed beyond doubt that it had been reduced.

The Hon. Isaac Redfield presided during the trial, which lasted five days; and if, in the arduous pursuit of truth and justice, *patience* is a merit, all credit should be accorded to his Honor. The judge remarked to the jury that there was no question made as to the qualifications of the defendants; and left it to them to say, if, from the testimony, they were satisfied that the defendants had made use of ordinary, or reasonable care and attention in the plaintiff's case. His Honor did not think that surgeons were insurers of their cases; but should be held to give a fair and

reasonable attention to their patients. He made some comments upon the testimony, which it is unnecessary to repeat in this notice.

The verdict was returned for the defendants; but plaintiff reviewed, and is entitled to another trial, which cannot come off before the next June term of the Court.

R. M. K. O.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 23, 1850.

Suffolk District Medical Society.—At the last meeting of the Suffolk District Medical Society, held Dec. 29th, 1849, Dr. Fisher communicated an able paper on Re-vaccination, a subject which occupied the attention of the Society at a former meeting. Many statistical facts were contained therein, by which he considered as satisfactorily proved the following propositions:—

1st, That one single and perfect vaccination does not, for all time, in all cases, deprive the system of its susceptibility of variolous disease, and

2d, That one or more re-vaccinations *do*; and that consequently, a physician should recommend re-vaccination when questioned as to its necessity.

Dr. F. had made other observations, from which had been drawn these conclusions:—

1st, A portion of vaccinated persons are protected from smallpox through life by one vaccination.

2d, An indefinite number are protected only for a certain period of time.

3d, The length of time they are thus protected is undetermined.

4th, Some individuals require to be vaccinated a number of times during life.

5th, The system is protected from variolous contagion, when it is no longer susceptible of vaccine influence, as tested by re-vaccination.

6th, The cow-pox virus does not seem to be more efficacious than human vaccine virus, in its prophylactic virtues, and that the influence of the vaccine virus does not seem to be diminished by the number of its removes from the cow, or passages through the human system.

7th, The appearances of vaccine cicatrices furnish no indication that the system may or may not be again influenced by repeated vaccinations.

8th, A plurality of vesicles have no more effect in rendering the system less obnoxious to the influence of re-vaccination, than a single vesicle has.

9th, The lapse of time from the period of primary vaccination to that of re-vaccination, has some, though but little effect in preparing the system to be further influenced by the vaccine virus.

10th, The age of puberty tends in a degree to destroy the effect of primary vaccination.

11th, The virus contained in vesicles resulting from re-vaccination has the same anti-vaccine and anti-variolous power as that which is the product of vesicles, produced by the primary vaccination.

Dr. H. J. Bigelow related a case of *necrosis*, occurring in a lad 14 years of age (a patient of Dr. Dale), who returned from the fishing banks in reduced health, Nov. 4th. Two days following, he put on a pair of new shoes (the cause of the disease), and on the 14th of December (*six weeks*

only, intervening). Dr. B. removed a portion of the first metatarsal bone, dead and insulated.

Dr. Bigelow also exhibited to the society a specimen of ovarian tumor, that day removed by him from the abdomen of a hospital patient. The subject of the operation was a young woman, 22 years of age, of robust habit. She observed its presence for the first time, last January. Her friends, however, had previously observed a fulness of this region. Dr. B. saw her early in the spring. The tumor was situated in the left hypochondrium, presenting an irregular, solid, knobby mass. Her general health was good, and functions regularly performed. No change occurred for some weeks. Was inclined to view it as an insulated and perhaps malignant tumor. In the middle of the summer, on a careful examination, fluctuation was detected, and there was manifest ascies. In September, there occurred violent pain in the peritoneum, with exquisite tenderness and rapid pulse. In four or five days these symptoms were relieved. She was now removed to the hospital, where she was *tapped*, and seven quarts of rosy, transparent fluid were evacuated. This led him to a change of opinion as to its malignancy, though the tumor still remained hard and unyielding. Six weeks since, having again filled up, it was tapped, and four quarts of the same fluid were evacuated. The tumor was still irregular and knobby to the *feel*, occupying the whole abdominal space. He made up his mind that it was an ovarian cyst, and, with the patient's full assent, proceeded to operate, she being previously etherized. An incision was made from the umbilicus to the pubis, the fat divided, then the muscle, and the peritoneum slit open, bringing to view the tumor. The patient was turned on her side, several cysts opened, and the tumor became more movable—it was raised and its adhesions broken up. The incision was enlarged, and the tumor drawn out and removed. It was united by the broad ligament to the uterus in the place where the ovary should have been. On examination lower down in the pelvis, there was found, moreover, attached to the uterus, a fibrous tumor (also exhibited, and weighing 3-4 of a pound) which was removed by a ligature around its pedicle. The whole weight of the tumor, exclusive of the fibrous mass, was some eight pounds. The patient, several hours after the operation, was comfortable—suffering only such pain as would necessarily accompany a wound of such size as was required by the operation. He saw no reason why the patient should not do well. A specimen of the fluid contained in the cysts of the tumor was exhibited, which, on being treated with nitric acid, threw down a dense white coagulum.

Dr. Samuel Kneeland, Jr., read such portions, as time permitted, of a most valuable and elaborate paper on "*Angina Pectoris*," in which he endeavored to show that the usually received opinions on the nature and seat of the disease are not founded on a careful examination of the symptoms and morbid appearances. The following are Dr. K.'s conclusions:—

1. From the symptoms and morbid appearances, *Angina Pectoris* is not a disease of the lungs, heart, or stomach; but an affection of the *nerves* of these organs.
2. Anatomy, physiology and pathology, lead us to place the seat of this disease in the *par vagum* system of nerves, and not in the sympathetic.
3. Like other nerves, the *par vagum* may be affected with neuralgia, rheumatism and various inflammations; it may be wounded, compressed, involved in morbid growths, &c.; all which may cause paroxysms of *angina pectoris*.

4. Angina pectoris and asthma are intimately related; the former being an affection of the sensitive and the latter of the motor filaments of the par vagum. Both are usually combined to a greater or less extent.

5. Angina pectoris is not necessarily fatal, especially in young persons, if accurately diagnosticated and properly treated.

6. In addition to the remedies of the books, special attention should be given to the inhalation of oxygen and the application of electricity.

7. In fatal cases, strict examination should be made of the par vagum, at its spinal origin, in its trunk and in its branches—where lesions, sufficient to account for death, will probably be found.

Dr. Samuel Cabot, Jr., Vice President of the Society, read a communication from a private foreign correspondent, stating that by means of amygdaline, the administration of prussic acid may be rendered as safe as that of morphia or any other medicine. After stating the method of procuring amygdaline, the formula for its use is given as follows:—Make, with two drachms of sweet almonds, an ounce of emulsion. Dissolve in it seventeen grains of amygdaline at the moment of using, and give one large spoonful, which is equivalent to half a grain of the strongest prussic acid.

An incipient discussion followed the reading of Dr. Fisher's paper on *re-vaccination*, which was cut short, to the regret of many, by the introduction of other (perhaps no less valuable) matter.

The meeting was fully attended, and equalled in interest the previous ones. In referring to the interesting character of the exercises, the introduction of *coffee* and *cake*, by the generosity of Dr. Homans, should not pass unnoticed.

Boston Lunatic Hospital.—Dr. Stedman's annual report exhibits this institution in the condition that might be expected, with a class of hopeless, incurable subjects. It will be recollected this hospital embraces insane paupers, most of whom are probably foreigners. There are 204 of them. So far as this establishment is concerned, it is shown by tables, that the married are less liable to become insane than the single. The hospital has been organized ten years. Deaths in 1849, 35, of various diseases. By this document, which is an official report to the City, it is discoverable that the Board of Visitors and the Physician disagree. Dr. Stedman has asked the City Council for a committee of investigation. The visiting board suggest that the medical superintendent should be appointed by them, instead of the Council. Medical gentlemen holding official stations seem to be particularly annoyed, of late, by municipal representatives. Intimations are abroad that another medical official begins to excite envious attention from his lucrative position, and sooner or later he too must be persecuted, for it was a sore mortification to some of the many physicians of Boston, when the city authorities went to another State for a public functionary. We deprecate this feeling exceedingly, and devoutly wish that when a man has become familiar with a class of professional duties, he might remain undisturbed, since there is no advantageous gain, but a positive loss to the community by frequent changes in such establishments as lunatic hospitals. A restless age this, in which those who have the least to do with offices, the tenure of which depends on the caprice of individuals, are the best off.

Dr. Mitchell's Introductory.—Some people have a tact for saying things that are admirable, which, if uttered by others, would be totally

disregarded. The very sentiments contained in the discourse before us have doubtless been uttered many times the present season, and made but little impression upon the public ear, while here they call forth a hearty praise. The success of an address or publication depends, therefore, essentially on the character of the individual from whom it emanates. At the opening of the present course of lectures at the Jefferson Medical College, Philadelphia, Dr. J. K. Mitchell, a prominent member of the faculty, delivered an introductory, which breathes an air of such kindness, paternal solicitude and interest in the welfare of those belonging to the institution, that it would have been strange, indeed, had the students failed to acknowledge their thankfulness and appreciation of his devotion to their service. There are several striking points in this pamphlet, and yet, were we to dot one page after another, as being more worthy of examination than others, it would exhibit quite as much bad as good taste, since no part can well be dispensed with. The whole, unmutated, constitutes one of the very best introductions of the season. Influenced by the advice Dr. Mitchell gave the class, they would be happy men at least; and if they failed to be useful, the fault would not be their instructor's.

Health and Mortality of Convicts.—A report of unusual importance, on the comparative health, mortality, length of sentences, &c., of white and colored convicts, is circulating, that must have an influence with the public in modifying the penal code, if life is considered of any value in a professedly christian country. The chairman of the committee who sent out the report, Dr. Isaac Parrish, of Philadelphia, is presumed to have been the author. A mass of statistical facts is brought together, which show a singular waste of life in some of the State Prisons, and particularly of colored persons, that demands immediate legislative consideration. It will be noticed in detail hereafter.

Science of the Soul.—Joseph Haddock, M.D., who appears to be a citizen of the world, is the author of *Psychology, or the Science of the Soul*, which is a small book just published in New York, of more pretension than knowledge. It is one of those mushroom attempts of every-day occurrence, to make a sensation, but without success, just because there is exhibited neither originality, power, nor even the redeeming trait of novelty. When the ass cut off his own ears, because the congress of animals were supposed to entertain a prejudice against him on account of their extreme length, and took his place as a representative from a distant country, the assembly detected the trick at once when he brayed. Let who will write upon that ragged subject, animal magnetism, even under new and inappropriate titles, as though there was a design of smuggling stale sentiments into decent society under a new name, the cheat invariably leaks out in the course of half a dozen pages. Here is a perfect illustration of the assertion. A book upon the constitution of the soul, by a person who explains all mental phenomena upon principles as mechanical as the construction of a wheelbarrow, and who brings forward two or three ignorant, hysterical girls as the positive and indisputable messengers for the transmission of express news between this and the spiritual world. We can tolerate Mr. Davis, the great self-deceived, whose telescopic vision permits him, in his distempered imagination, to see what is not to be seen,

far better than these latter-day pseudo-philosophers, who would fain palm off the humbuggery of impertinent, artful female impostors, as the revelations of heaven; because the former is at least original, retailing nothing second hand, and may be an honest, hallucinated shoemaker, who will by and by find relief in some benevolent asylum.

The late Martin Gay, M.D.—(Communicated for the Med. and Surg. Journal.)—Dr. Gay died of acute peritonitis.

The history of his illness is interesting, in view of its relation to one so universally esteemed, and from the absence of diagnostic symptoms.

On Saturday, Jan. 5th, he was, as usual, in good health. During the evening felt sick and took some calomel and blue pill. On going to bed, had a severe rigor, which lasted an hour, notwithstanding the assiduous application of hot flannels, &c. He took some ipecac., and, during the night, vomited several times.

On Sunday morning he was visited by Dr. J. B. S. Jackson. He complained of distress in the head, and general soreness of the body. He had nausea, and was desirous of taking another emetic—having the feeling that the stomach and bowels needed to be relieved of their contents.

Dr. Jackson advised him to resist the vomiting as far as possible, and to take a cathartic of senna. In the afternoon, by the aid of an enema, he had free dejections, and also vomited bilious fluid. For the next two days considered himself improving, and, Dr. Jackson not being able to see him, he was not visited till Wednesday P.M., when he sent for me.

He was in bed. Skin dry and warm, respiration natural. Pulse 70, quiet. Tongue moist—somewhat coated. He had eaten a little toast at breakfast, with great relish. No thirst; but in the course of the day he had drank large quantities of water, hoping thereby to induce perspiration. Bowels free—urine sufficient—no dysuria. General soreness on pressure of the whole body, but no one spot particularly tender. The rigor, nausea, and distress in head, with which the disease commenced, had recurred at intervals during each day; but the rigor was slight and momentary. The nausea was attended with a feeling of uneasiness and exhaustion, referred by him to the cardiac orifice. There was occasional vomiting of thin bilious fluid, with temporary relief. He had no positive pain in the head, but a sense of depressing, nauseating distress. Indeed, the chief complaint made was of exhaustion.

The nature of the disease was not apparent. He had a mild febrile affection, but the access and consequent series of symptoms were not those of typhoid fever. There was no pain in any internal part, and, with exception of nausea, no striking derangement of function. Nevertheless, after so formidable a rigor, one could not but suspect the existence of grave local inflammation. The absence of acute pain, together with the unembarrassed state of the cerebral functions, excluded the idea of meningitis. The abdomen was neither full nor tense. No tenderness on pressure at any point, though repeatedly and carefully examined. The bowels responded readily to cathartics, and the only signs of functional embarrassment were the sensation of nausea and of desire for further evacuation.

His own theory was, that the symptoms were owing to a "bilious disorder of the stomach," of which he had suffered two or three attacks, and which had been attended with rigor. He had been exposed to varioloid about a fortnight before his attack, but there were no pustules to be found, and he had not the characteristic violent pain in head and back.

In the absence, therefore, of any positive indication, I advised the sparing use of effervescing drink, a mustard foot bath, and sinapisms alternately to epigastrium and back of neck.

The next morning (Thursday) I found him sitting at his table in good spirits; he had slept in the night, and all his symptoms were mitigated. Pulse 80. Had taken some arrowroot with relish. During the day, however, the nausea and vomiting returned, together with the feeling of sinking, referred to the cardiac orifice. He again proposed an emetic, but I dissuaded him, and advised a repetition of the baths, &c., and at bed-time six grains each of calomel and compound ext. of colocynth. About 4 A.M. on Friday, had vomiting and three dejections, with a sense of very great relief; but within an hour was suddenly seized with extreme pain in middle of the sternum, extending thence to the epigastrium. I was called at 7. His countenance was pinched and haggard—mind perfectly clear. Pulse 130, retaining some force—distressing nausea and hiccup. He had taken paregoric and half a grain of opium. I directed morphia and the inhalation of ether. Ten leeches were applied to the epigastrium. During the day the pain was unabated and intolerable, unless when under the influence of ether, to which he resorted very frequently, and with the happiest effect. Pulse from 150 to 180. With the exception of a few short intervals, his mind was clear until within half an hour of his death, which occurred on Saturday afternoon.

On examination, after death, there was found universal inflammation of the peritoneal surface of the intestines and of the stomach. The convolutions united slightly with delicate recent lymph. There was effusion of a few ounces of serum, and, in the cavity of the pelvis, a little purulent fluid. The mucous surface of the stomach healthy—considerable injection of the vessels at the cardiac orifice.

The most remarkable feature in this case was the absence of pain and other diagnostic marks of peritonitis. I might have distrusted my examination had it not been confirmed by other medical gentlemen who visited him. Latent peritonitis, though rare, has been fully exemplified. I can refer to six cases that have occurred in this city within the last ten years, under the care of different gentlemen well known in the profession.

Another peculiarity was the temporary amendment, suddenly followed by violent and fatal increase of disease. It would seem that, after the first onset, the inflammation—comparatively dormant—was confined to a small space, and then suddenly excited, it spread from below upwards over the whole abdomen.

C. G. PUTNAM.

Boston, Jan. 21, 1850.

Suffolk Dist. Med. Society.—The next meeting of this Society, for medical improvement, will be held on Saturday evening, Jan. 26th, at the Medical Rooms, Masonic Temple.

TO CORRESPONDENTS.—Dr. Carpenter's Address, the receipt of which was acknowledged last week, is reserved, on account of its length, for the commencement of the next volume of the Journal. Two papers from Dr. Parsons, of Providence, R. I., have been received, and will appear early in the next volume.

Deaths in Boston—for the week ending Saturday noon, January 19, 65.—Males, 33—females, 32. Accidental, 2—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—consumption, 8—convulsions, 1—cancer, 1—croup, 5—childbed, 1—debility, 1—delirium tremens, 1—dropsy, 1—dropsy of brain, 3—erysipelas, 1—exhaustion, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 4—disease of hip, 1—hooping cough, 1—disease of the heart, 1—infantile diseases, 3—inflammation of the lungs, 5—disease of the liver, 1—marasmus, 1—measles, 1—old age, 2—peritonitis, 2—palsy, 1—rheumatism, 1—inflammation of the stomach, 1—smallpox, 2—disease of the throat, 2—teething, 1—ulcers, 1—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 4—between 20 and 40 years, 19—between 40 and 60 years, 7—over 60 years, 8. Americans, 25; foreigners and children of foreigners, 40.

Death from Chloroform. Communicated by SAMUEL SOLLY, Esq., Surgeon to St. Thomas's Hospital.—John Shorter, aged 48, a porter, known to Mr. Solly for some time as a very active messenger, habits intemperate, but apparently in perfect health, was admitted into George's ward, under Mr. Solly, on the 9th October, 1849, suffering from onychia of the left great toe, which had existed some time. It was determined to remove the nail, the man having decided before entering the hospital on taking chloroform.

On Wednesday, Oct. 10, at a quarter to 2 P. M., he began to inhale the chloroform with one drachm in the inhaler. It had no visible effect for about two minutes: it then excited him, and the instrument was removed from his mouth, and about ten drops more were added; he then almost immediately became insensible: the chloroform was taken away, and the nail removed. He continued insensible; and, his face becoming dark, the pulse small, quick, but regular, respiration laborious, his neckerchief was removed, and the chest exposed to fresh air from a window close to the bed; cold water was dashed in his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist; respiration became slow and at intervals, but continued a few seconds after the cessation of the pulse. Immediately on the appearance of these symptoms, artificial respiration was commenced by depressing the ribs with the hands and then allowing them to rise again until the proper apparatus was brought, when respiration was kept up by means of the trachea-tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism was also applied through the heart and diaphragm, but all signs of life ceased about six or seven minutes after the commencement of inhalation. These means were persisted in until a quarter past 3, but to no purpose. On removing the inhaler, the sponge, which only contained one drachm, fell upon the floor, and the chloroform splashed about,—thus showing that a considerable part of the chloroform remained unused; so that the patient could not have inhaled more than a drachm. Every endeavor was made to procure a post-mortem examination, but in vain.—*London Med. Gazette.*

Cerebro-spinal Meningitis.—A report was lately read before the Academy of Medicine of Paris, by Dr. Gaulhier de Claubry, on two papers of Messrs. Boudin and Michel Levy, Surgeons to the Military Hospitals, treating of an affection which has reigned epidemically among the troops, and which they designate by the name of cerebro-spinal meningitis. This disease affects the system generally, and seems to depend on a contaminated state of the blood, as proved by the various lesions of the different serous and parenchymatous structures. It bears a great analogy with affections of the typhoid kind, and with malignant fevers. The antiphlogistic treatment, so appropriate in ordinary spinal arachnitis, is not applicable to this disease. The latter has proved very destructive, and was almost always accompanied by purulent effusions.—*London Lancet.*

Insanity in the United States.—Miss Dix, the distinguished philanthropist, in a memorial to Congress, shows that in the New England States the proportion of the insane to the whole population is about 1 in 600; in the Middle States, 1 to 700; Western States, 1 to 1300. The worst State is Rhode Island, where there is one to every 503; and the best South Carolina, where there is one to every 5,058.